

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Committee for Maryland's Progress		FEC IDENTIFICATION NUMBER ▼ C C00592683	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee Blue Engine Message & Media			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 01 / 2016		
Mailing Address 1140 Connecticut Ave NW Ste 800			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">9526.30</div>		
City Washington	State DC	Zip Code 20036-4010	Transaction ID : VQZT2A7ATC9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 07 / 2016		
Purpose of Expenditure Canvassing Services for 4/1-4/7		Category/ Type 004			
Name of Federal Candidate CHRIS VAN HOLLEN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General State: MD		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">92484.67</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee H&W Printing			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 07 / 2016		
Mailing Address 3616 Oak Ln			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1507.34</div>		
City Mount Rainier	State MD	Zip Code 20712-2128	Transaction ID : VQZT2A79VR8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 05 / 2016		
Purpose of Expenditure Printing		Category/ Type 004			
Name of Federal Candidate CHRIS VAN HOLLEN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General State: MD		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">92484.67</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">11033.64</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nicholas Leonardi

[Electronically Filed]

Date

 M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Committee for Maryland's Progress		FEC IDENTIFICATION NUMBER ▼ C C00592683	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Petel & Company		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 08 / 2016	
Mailing Address 1101 14th St NW Ste 1210		Amount 65006.09	
City Washington	State DC	Zip Code 20005-5637	Transaction ID : VQZT2A74WB7 Date of Disbursement or Obligation MM / DD / YYYY 04 / 01 / 2016
Purpose of Expenditure Direct Mail Services		Category/ Type 004	
Name of Federal Candidate CHRIS VAN HOLLEN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MD
Calendar Year-To-Date Per Election for Office Sought		92484.67	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	65006.09
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	76039.73

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nicholas Leonardi

[Electronically Filed]

Date

MM / DD / YYYY
04 / 08 / 2016

Signature